

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	1/7
O.I.P.E. CLASSIFIER		48	1/19/00
FORMALITY REVIEW	CM	71632	2/2/00
RESPONSE FORMALITY REVIEW	CM	71632	5/15/00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

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